WCAT Workers' Compensation Appeal Tribunal

# Visitor Screening Form

In an effort to reduce the risk of COVID-19 exposure, all visitors must complete the following screening questions.

Date: _____ Purpose of visit: _____

Name: _____ Time: _____

Company: _____ Phone: _____

Please mark either "yes" or "no" for the following questions.

| | Yes | No |
|---|---|---|
| 1. Do you have any of the following new or worsening symptoms: fever or chills, cough, sore throat, difficulty breathing, diarrhea, runny nose, sneezing, nausea or vomiting, extreme fatigue or tiredness, headache, body or muscle aches, loss of appetite, or loss of sense of smell or taste? | ☐ | ☐ |
| 2. Have you been directed to self-isolate by Public Health or a Health Care Professional? | ☐ | ☐ |

I acknowledge that the above statements are true:

_____

Signature

**If you answer "yes" to any of the above questions, do not proceed to your hearing. Instead, contact your appeal coordinator for information on how to proceed.**



Last updated June 6, 2022